



Licensure Bureau  
 CERTIFICATE OF NEED PROGRAM MONTHLY REPORT  
 November 2017

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP Received	HEARING REQ/DATE	DECISION DEADLINE	DECISION & DATE	REC REQ
Interim Healthcare of Western Montana	Missoula	Establish Home Health services in Lake County	N/A	6/27/17	July 2017	N	11/8/17	11/8/17				
<b>Bellwood Ranch</b>	Simms	Request CON extension									Y	

Name of facility in **BOLD** indicates a new request for report month. \* First-year operating cost HHA (may not be strictly comparable).

**LEGEND:**

**ASC** Ambulatory Surgical Center

**CDU** Chemical Dependency Unit

**CO** County

**CR** Comparative Review

**DATES** Month/Day/Year

**DEC** Decision

**DISMISS** Appeal dismissed

**FAC** Facility

**H** Hospital

**HHA** Home Health Agency

**IHS** Indian Health Service

**LOI** Letter of Intent

**LTC** Long-Term Care

**MTH** Month of Notice

**N** Disapproval or No

**N/A** Not Applicable

**NH** Nursing Home

**NR** Non-Reviewable Project

**REQ** Request

**REC REQ** Reconsideration  
Hearing of Decision

**SNF** Skilled Nursing Facility

**TBA** To Be Announced

**TBI** Traumatic Brain Injury

**Y** Approval or Yes

**10/10** Ten Bed/Ten Percent Rule  
(50-5-301, MCA)



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**CERTIFICATE OF NEED PROGRAM MONTHLY REPORT**  
**October 2017**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP Received	HEARING REQ/DATE	DECISION DEADLINE	DECISION & DATE	REC REQ
Interim Healthcare of Western Montana	Missoula	Establish Home Health services in Lake County	N/A	6/27/17	July 2017	N	11/8/17					
Blackfeet Care Center	Browning	Request CON extension	N/A								Y	
<b>Kindred Transitional Care – Park Place</b>	Great Falls	CHOW									NR	
<b>Kindred Nursing &amp; Rehab - Parkview</b>	Dillon	CHOW									NR	

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**September 2017**

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Interim Healthcare of Western Montana	Missoula	Establish Home Health services in Lake County	N/A	6/27/17	July 2017	N	11/8/17					
<b>Blackfeet Care Center</b>	Browning	Request CON extension	N/A								Y	

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**August 2017**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP Received	HEARING REQ/DATE	DECISION DEADLINE	DECISION & DATE	REC REQ
<b>Interim Healthcare of Western Montana</b>	Missoula	Establish Home Health services in Lake County	N/A	6/27/17	July 2017	N	11/8/17					

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**July 2017**

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<b>Interim Healthcare of Western Montana</b>	Missoula	Establish Home Health services in Lake County	N/A	6/27/17	July 2017							

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**June 2017**

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Interim Healthcare of Western Montana	Missoula	Establish home health agencies in Mineral, Granite & Ravalli counties	N/A	Revised LOI 1/3/17	Jan 2017	N	3/30/17	3/17/17	N	6/15/17	Y 6/15/17	
Interim Healthcare of Western Montana	Missoula	Establish Home Health services in Lake County	N/A	6/27/17								

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**May 2017**

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Interim Healthcare of Western Montana	Missoula	Establish home health agencies in Mineral, Granite & Ravalli counties	N/A	Revised LOI 1/3/17	Jan 2017	N	3/30/17	3/17/17	N	6/15/17		

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**April 2017**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP Received	HEARING REQ/DATE	DECISION DEADLINE	DECISION & DATE	REC REQ
Interim Healthcare of Western Montana	Missoula	Establish home health agencies in Mineral, Granite & Ravalli counties	N/A	Revised LOI 1/3/17	Jan 2017	N	3/30/17	3/17/17	N	6/15/17		

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**March 2017**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP Received	HEARING REQ/DATE	DECISION DEADLINE	DECISION & DATE	REC REQ
Interim Healthcare of Western Montana	Missoula	Establish home health agencies in Mineral, Granite & Ravalli counties	N/A	Revised LOI 1/3/17	Jan 2017	N	3/30/17	3/17/17		6/15/17		

Name of facility in **BOLD** indicates a new request for report month. \* First-year operating cost HHA (may not be strictly comparable).

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**ASC** Ambulatory Surgical Center

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**February 2017**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DECISION DUE	DECISION & DATE	REC REQ
Immanuel Lutheran Communities	Kalispell	Renovate existing nursing home facility	Over \$1.5 Million	9/30/16	Oct 2016	N	2/15/17	12/28/16	No Request	3/29/17	Y 2/2/17	
<b>Interim Healthcare of Western Montana</b>	Missoula	Establish home health agencies in Mineral, Granite and Ravalli counties	N/A	Revised LOI 1/3/17	Jan 2017	N	3/30/17					

Name of facility in **BOLD** indicates a new request for report month.

\* First-year operating cost HHA (may not be strictly comparable).

**LEGEND**

<b>ASC</b> Ambulatory Surgical Center	<b>DEC</b> Decision	<b>IHS</b> Indian Health Service	<b>N/A</b> Not Applicable	<b>SNF</b> Skilled Nursing Facility
<b>CDU</b> Chemical Dependency Unit	<b>DISMISS</b> Appeal dismissed	<b>LOI</b> Letter of Intent	<b>NH</b> Nursing Home	<b>TBA</b> To Be Announced
<b>CO</b> County	<b>FAC</b> Facility	<b>LTC</b> Long-Term Care	<b>NR</b> Non-Reviewable Project	<b>TBI</b> Traumatic Brain Injury
<b>CR</b> Comparative Review	<b>H</b> Hospital	<b>MTH</b> Month of Notice	<b>REQ</b> Request	<b>Y</b> Approval or Yes
<b>DATES</b> Month/Day/Year	<b>HHA</b> Home Health Agency	<b>N</b> Disapproval or No	<b>REC REQ</b> Reconsideration Hearing of Decision	<b>10/10</b> Ten Bed/Ten Percent Rule (50-5-301, MCA)



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**January 2017**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP REC	HEARING REQ/DATE	DECISION DEADLINE	DECISION & DATE	REC REQ
Immanuel Lutheran Communities	Kalispell	Renovate existing nursing home facility	Over \$1.5 Million	9/30/16	Oct 2016	N	2/15/17	12/28/16	N/A	3/29/17		
<b>Interim Healthcare of Western Montana</b>	Missoula	Establish home health agencies in Mineral, <del>Lake</del> <u>Granite</u> and Ravalli counties	N/A	Revised LOI 1/3/17	Jan 2017							

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<b>ASC</b> Ambulatory Surgical Center	<b>DEC</b> Decision	<b>IHS</b> Indian Health Service	<b>N/A</b> Not Applicable	<b>SNF</b> Skilled Nursing Facility
<b>CDU</b> Chemical Dependency Unit	<b>DISMISS</b> Appeal dismissed	<b>LOI</b> Letter of Intent	<b>NH</b> Nursing Home	<b>TBA</b> To Be Announced
<b>CO</b> County	<b>FAC</b> Facility	<b>LTC</b> Long-Term Care	<b>NR</b> Non-Reviewable Project	<b>TBI</b> Traumatic Brain Injury
<b>CR</b> Comparative Review	<b>H</b> Hospital	<b>MTH</b> Month of Notice	<b>REQ</b> Request	<b>Y</b> Approval or Yes
<b>DATES</b> Month/Day/Year	<b>HHA</b> Home Health Agency	<b>N</b> Disapproval or No	<b>REC REQ</b> Reconsideration Hearing of Decision	<b>10/10</b> Ten Bed/Ten Percent Rule (50-5-301, MCA)